Reviewer's report

Title: Endoscopic Inside stent placement is suitable as a bridging treatment for preoperative biliary tract cancer

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Reviewer: Hirotoshi Ishiwatari

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Major Compulsory Revisions

(1) There were several reports about inside stent for malignant biliary obstruction (Pedersen et al. Gastrointest Endosc. 1998;48:574-579, Uchida et al. J Gastroenterol. 2005;40:291-296, Ishiwatari et al. Digest Endosc. 2013;25:94-99). They have shown conflicting results. Therefore, now, retrospective comparative study cannot verify the effectiveness of inside stent, namely, it reduces the quality of the study. Prospective study is desirable, however, if it is impossible to do so, the retrospective comparative study using the propensity score-matching method may have more meaningful result.

(2) The allocation method was not showed clearly in the method section. Authors should specify how to assign inside stent or conventional stent in the method section. This is a very important item, therefore only citation of a reference article is insufficient.

(3) Inside stent for the common bile duct obstruction did not show clinical benefit in previous prospective randomized study (Pedersen et al. Gastrointest Endosc. 1998;48:574-579). Therefore, authors should explain clearly why the same kind of patients (2/3 of the participants had the common bile duct obstruction) was enrolled in the study in the introduction section.

(4) What was conventional type stent? Authors should display the detailed profile of the stent, such as manufacturer and materials. Why did authors use two types of stent for inside stent? Using various types of stent lowered the quality of the study.

(5) Although authors mentioned that EST is a risk factor of reflux cholangitis in the method section, why was EST performed prior to insertion of 10Fr inside stent? If authors use inside stent technique for preservation of the function of the oddi sphincter, only the patients who did not underwent EST should be included.

(6) Why did authors exclude the patients who needed percutaneous biliary drainage after endoscopic treatment? It is important point whether percutaneous drainage is needed or not after endoscopic treatment.

(7) Why did authors exclude intrahepatic cholangiocarcinoma (ICC) cases? It is not necessary to exclude ICC cases, because ICC often causes biliary obstruction, especially in hilar bile duct.
(8) What was the percentage of the patients who underwent ENBD before placement of internal stenting in each group? What was the decompression period? The decompression period did not defined in the method section. However, the study cannot clarify this subject because the participants included the patients who was performed ENBD before insertion of conventional or inside stent.

(9) Were there any patients who underwent preoperative portal vein embolization (PVE) in this study? PVE may influence the outcome of internal stenting.

(10) Authors should define the stent obstruction in the method section.

(11) In this study, the percentage of the patients who underwent pancreaticoduodenectomy (PD) was about 60%. I think the rate was very high, because the distance from stricture to the papilla is less than 2cm in most cases who undergo PD.

(12) Authors should show the evaluation method about postsurgical infectious complication in the method section. In the result section, severe liver abscess occurred in 5 patients, however, readers cannot understand why these cases were severe?

Minor Essential Revisions
(1) Table 1 and 2 are not necessary. It is no need of detailed data of patient profile.

Level of interest: An article whose findings are important to those with closely related research interests

Quality of written English: Needs some language corrections before being published

Statistical review: No, the manuscript does not need to be seen by a statistician.

Declaration of competing interests:
I declare that I have no competing interests.